

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/980881

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1						52						
3		1					53						
4		2					54						
5		3					55						
6		4					56						
7		5					57						
8		6					58						
9		7					59						
10		8					60						
11	1						61						
12		2					62						
13		3					63						
14		4					64						
15		5					65						
16		6					66						
17		7					67						
18		8					68						
19		9					69						
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36		26					86						
37		27					87						
38		28					88						
39		29					89						
40		30					90						
41		31					91						
42		32					92						
43		33					93						
44		34					94						
45		35					95						
46		36					96						
47		37					97						
48		38					98						
49		39					99						
50		40					100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.		2					TOTAL DEP.						
TOTAL CLAIMS	2	2					TOTAL CLAIMS						

Best Available Copy